

2600

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS **151** State Index No. **920**

PLACE OF BIRTH  
County of Brea District of Orange Town of Orange or City of Orange (No. 1 St. 1st Ward)

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 19184 Local Registrar's No. 19184

FULL NAME OF CHILD Infant E. Hernandez { Born } YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } NO

Sex of Child Female Twin, Triplet, or other 1 and 1 Number in order of birth 1 Legitimate? Yes Date of Birth June 28 1916  
(Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	<u>Erizias Hernandez</u>	Full Maiden Name	<u>Catalina Hernandez</u>
Residence	<u>Miami</u>	Residence	<u>Miami</u>
Color or Race	<u>Mexican</u>	Color or Race	<u>Mexican</u>
Age at last Birthday	<u>29</u> (Years)	Age at last Birthday	<u>23</u> (Years)
Birthplace	<u>Mex</u>	Birthplace	<u>Mex</u>
Occupation	<u>Miner</u>	Occupation	<u>Wm</u>

Number of child of this mother 2 Number of Children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on June 28 1916, at 5 P M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature)

(Attending physician, midwife, householder.\*)

Given or Christian name added from a supplemental report 191

Address

Filed June 30 1916

A True Copy

Filed July 8 1916

COUNTY REGISTRAR.

LOCAL REGISTRAR.

COUNTY REGISTRAR.

081-628-358